

Case Number:	CM13-0055556		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2011
Decision Date:	03/17/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and Neurology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 44-year-old male with a 7/6/11 date of injury. At the time of request for authorization for right lumbar sympathetic nerve block, times three (3), there is documentation of subjective findings: pain the left foot and ankle and sensitivity to touch even when donning and doffing shoes and socks, and objective findings: antalgic and wide based gait, hyperalgesia and allodynia with severe sensitivity along the right foot and in the ankle region, swelling, and chronic color and hair loss changes in the left foot and ankle. The current diagnosis is: sympathetically mediated pain in the right foot (chronic regional pain syndrome). The treatments to date are injections in the foot and medications. There is no documentation that blocks will be used in addition to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right lumbar sympathetic nerve block, times three (3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/pain.htm>)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar sympathetic block Page(s): 57, 104.

Decision rationale: The Chronic Pain Guidelines recommend documentation of sympathetically mediated pain and blocks used, in addition to physical therapy. Within the medical information available for review, there is documentation of sympathetically mediated pain in the right foot (chronic regional pain syndrome). In addition, there is documentation of subjective/objective findings consistent with sympathetically mediated pain. However, there is no documentation that blocks will be used in addition to physical therapy. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.